



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 2:34 pm, Feb 04, 2014

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN 087971 PRINTER SN 08C. 3556. 195 DATE OF INSPECTION 02-02-14

LOCATION OF INSTRUMENT (STREET AND CITY) 330 N. 2ND ST. Poplar Bluff MO. 63901 TIME OF INSPECTION 0903 HRS.

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

☒ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)

☒ TEMPERATURE OF ALCO SENSOR (10°C - 40°C) 19°C

☒ PRINTER WORKING PROPERLY PASSED

☒ TIME AND DATE DISPLAYING PROPERLY PASSED

BREATH ALCOHOL ACCURACY STANDARDS

☒ SIMULATOR SOLUTION

☐ COMPRESSED ETHANOL-GAS MIXTURE

☒ STANDARD SUPPLIER GUTH LAB LOT # 13210 EXP. DATE 07/29/15

☒ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34°C SIMULATOR SN 502748 SIMULATOR EXP DATE 01/10/14

☒ CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 .096

TEST 2 .096

TEST 3 .097

☒ RF1 DETECTOR OPERATING PASSED

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT:
(DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS 0 (0-.04) 0 (.05-.09) 0 (.10-.14) 0 (.15-.19) 0 (OVER .19) 0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

NO NEW PARTS ADDED

INSPECTING OFFICER

SIGNATURE [Signature]

PRINT NAME ISDE L. WARD

TYPE II PERMIT NUMBER/EXPIRATION DATE 230136 07/11/2015

TELEPHONE NUMBER 573-785-5776

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901



GUTH LABORATORIES, INC.

880 NORTH 6TH STREET • HARRISBURG, PA 17111-4811 • TELEPHONE: 717-664-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number 13210 of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on July 31, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain 0.1216% (w/vol) ethyl alcohol. The expiration date for this lot number is July 29, 2015 at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of 0.100 g/210L \pm 3%.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FN122211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.



STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

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PERMIT
TYPE II
JOE L WARD

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOXILYZER 5000

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 7/11/2013

NUMBER 230136

EXPIRES 7/11/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (16-10)

	STATE OF MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM
	INSTRUMENT OPERATOR CARD
<small>The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.</small>	
Operator WARD, JOE Permit No 230136 Date issued 7/11/2013 Date Expires 7/11/2015	

NAME _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____
 PHONE _____
 SIGNATURE _____
 DATE _____

NAME _____
 ADDRESS _____
 CITY _____
 STATE _____
 ZIP _____
 PHONE _____
 SIGNATURE _____
 DATE _____

